## QUARTERLY REPORT

**LICENSEE RECOVERY PROGRAM of the Impaired Practitioners Review Committee** 

Department of Public Health
Professional Licensure
Lucas State Office Bldg., 325 E. 12th Street
Des Moines, Iowa 50319-0075
515/281-4830

for Therapist/Aftercare Provider

Quarterly reports are due by January 20, April 20, July 20, and October 20 of each year.

Therapist/Aftercare Provider Information: Name:	Meeting Dates:
Agency:	
Address:	
Phone:	
Fax:	
E-mail:	
Name of Licensee (your client):	
Please provide <u>detailed</u> information below. Note any significant changes or events since your last report. If you need additional space, please feel free to use the back of this sheet or attach additional sheets. Please note that the licensee is under contract with the Impaired Practitioners Review Committee. Termination of services or changes in frequency of contacts must have prior approval of the IPRC.	
1. Has the licensee named above been an active and willing participant in therapy/counseling?	
2. What is your assessment of the licensee's prognosis/recovery to date?	
3. To the best of your knowledge, is the licensee in com	apliance with the terms of his/her recovery contract?
4. Is the licensee able to remain in active practice witho	ut detriment to the public due to impairment?
5. Other comments or recommendations regarding treatment:	